## Case 18-23494-TPA Doc 17 Filed 09/16/18 Entered 09/16/18 17:06:36 Desc Main Document Page 1 of 2

Fill in this information to identify your case:			
Debtor 1			
	Last Name		
	Last Name		
United States Bankruptcy Court for the: District of			
Case number(If known)	Check if this is:		
		<ul><li>An amended filing</li><li>A supplement showing postpetition chapter 15</li></ul>	
		income as of the following date:	
Official Form 106I	MM / DD / YYYY		
Schedule I: Your Income		12/15	
Be as complete and accurate as possible. If two married peo supplying correct information. If you are married and not filling you are separated and your spouse is not filling with you, of separate sheet to this form. On the top of any additional page.  Part 1: Describe Employment	ng jointly, and your spouse lo not include information	se is living with you, include information about your spou n about your spouse. If more space is needed, attach a	
Fill in your employment			
information.	Debtor 1	Debtor 2 or non-filing spouse	
If you have more than one job, attach a separate page with information about additional employers.  Employment status	☐ Employed ☐ Not employed	<ul><li>☐ Employed</li><li>☐ Not employed</li></ul>	
Include part-time, seasonal, or self-employed work.			
Occupation may include student or homemaker, if it applies.			
Employer's name			
Employer's address			
	Number Street	Number Street	
	City State 2	ZIP Code City State ZIP Code	
How long employed then	e?		
Part 2: Give Details About Monthly Income			
Estimate monthly income as of the date you file this form spouse unless you are separated.	. If you have nothing to repo	oort for any line, write \$0 in the space. Include your non-filing	
If you or your non-filing spouse have more than one employed below. If you need more space, attach a separate sheet to thi		for all employers for that person on the lines	
		For Debtor 1 For Debtor 2 or non-filing spouse	
List monthly gross wages, salary, and commissions (bed deductions). If not paid monthly, calculate what the monthly		\$	
3. Estimate and list monthly overtime pay.	3. +\$	\$ <b>+</b> \$	
	**	· —————	

Official Form 106l Schedule I: Your Income page 1

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Debtor 1

First Name Middle Name Last Name

Case number (if known)\_

			For Debtor 1	For Debtor 2 or			
			To Destor 1	non-filing spouse			
Co	py line 4 here	<b>4</b> .	\$	\$			
5. <b>Lis</b>	t all payroll deductions:						
5	a. Tax, Medicare, and Social Security deductions	5a.	\$	\$			
51	Mandatory contributions for retirement plans	5b.	\$				
50	. Voluntary contributions for retirement plans	5c.	\$				
50	d. Required repayments of retirement fund loans	5d.	\$	\$			
56	e. Insurance	5e.	\$	\$			
51	. Domestic support obligations	5f.	\$	\$			
50	g. Union dues	5g.	\$	\$			
	n. Other deductions. Specify:	5h.	+\$	+ \$			
	dd the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$				
7. <b>C</b>	alculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$				
8. <b>Li</b> s	st all other income regularly received:						
86	a. Net income from rental property and from operating a business, profession, or farm						
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	\$			
8	b. Interest and dividends	8b.	\$				
8	<ul> <li>Family support payments that you, a non-filing spouse, or a depende regularly receive</li> </ul>	ent					
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	\$			
80	d. Unemployment compensation	8d.	\$	\$			
8	e. Social Security	8e.	\$	\$			
8	f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specific	nce 8f.	\$	\$			
	Specify:	о.	Ψ				
8	g. Pension or retirement income	8g.	\$				
8	h. Other monthly income. Specify:	8h.	+\$	+\$			
9. <b>A</b>	dd all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	\$	]		
	Iculate monthly income. Add line 7 + line 9.  Id the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	+ \$	= \$		
	ate all other regular contributions to the expenses that you list in Scheoolude contributions from an unmarried partner, members of your household, you			ommates, and other			
	ends or relatives.						
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.							
Sp	pecify:			11	. + \$		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.							
VV	rite that amount on the Summary of Your Assets and Liabilities and Certain S	otatist	icai information, if it	applies 12	. Ψ————— Combined		
monthly income 13. Do you expect an increase or decrease within the year after you file this form?							
	No. Yes. Explain:						